

POSITION	INITIALS	ID NO.	DATE
<b>FEE DETERMINATION</b>			
O.I.P.E. CLASSIFIER		21	1/29/01
<b>FORMALITY REVIEW</b>	Request	125	02-14-01
<b>RESPONSE FORMALITY REVIEW</b>	IV	876	03/23/01

**INDEX OF CLAIMS**

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1 ✓	12
2 ✓	12
3 ✓	12
4 ✓	12
5 N	12
6 N	12
7 N	12
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Claim	Date
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If more than 150 claims or 10 actions  
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